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ABSTRACT

Written for parents who have recently learned that their child is handicapped, the pamphlet introduces parents to the general prevalence of handicaps among children, the concept of special education, the importance of early diagnosis, the existence of many facilities and programs involved in the diagnosis and education of handicapped children, the Handicapped Children's Early Education Assistance Act passed by Congress in 1968, the role of parents in special education, and the variety of educational opportunities. Bright, colored pictures accompany the discussion. Concluding the pamphlet are 11 addresses of private or voluntary organizations to which one can write for brochures concerning a particular handicap. (CB)

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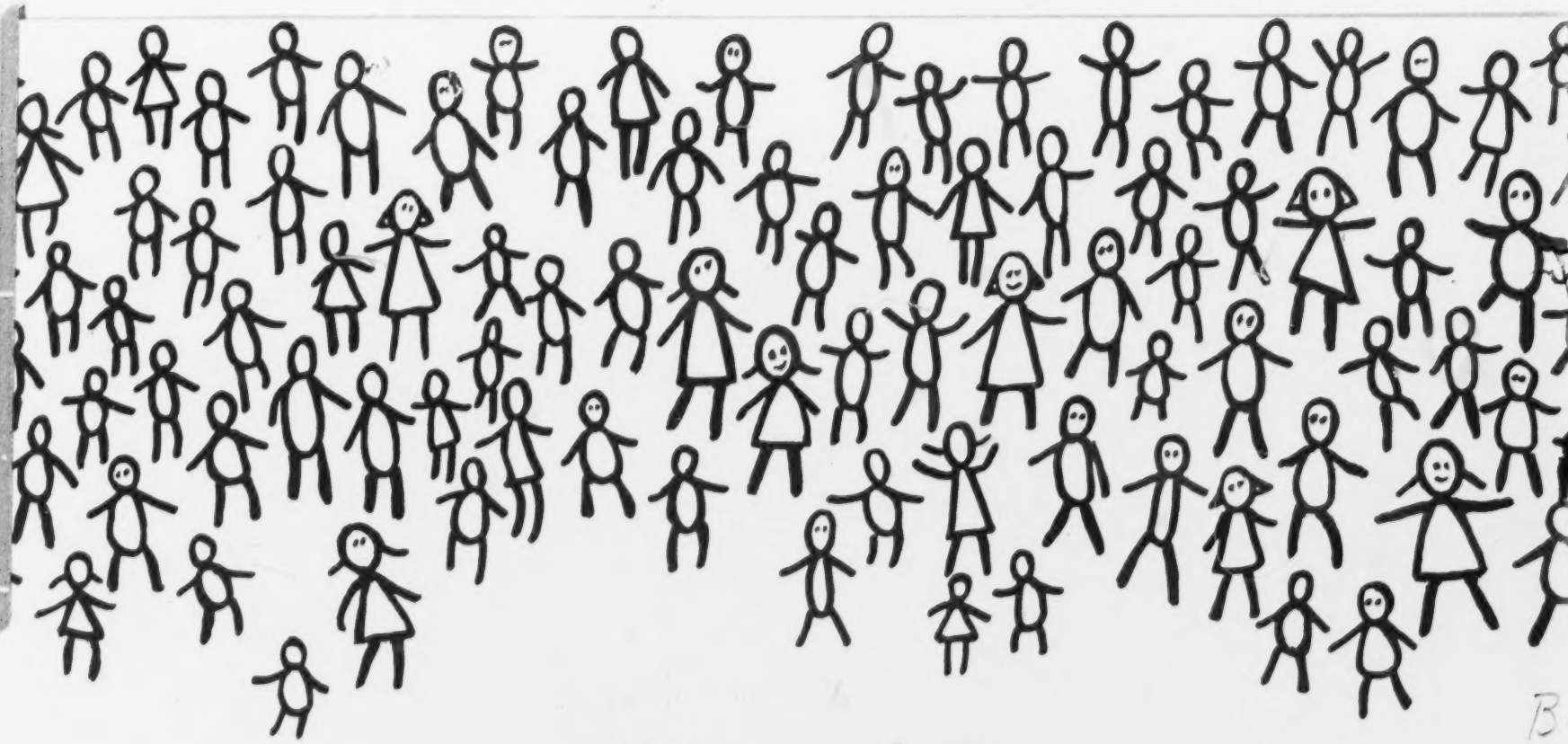

If you have a handicapped child...

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION
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Nearly seven million children in this country have physical, mental, or emotional problems that either hold them back in school, or keep them from the schools most youngsters attend. A few handicaps are obvious—a crippling physical condition, for example — but many other disabilities are subtle. And the earlier they are found and identified, the better for the child.

There was a time when children who were "different" were shut away from their families, their playmates, and school. But today, fortunately, we live in an age when most handicaps can be dramatically helped. The almost-blind can be helped to see and the near-deaf aided to hear. Autistic children can be brought back into the everyday world. Retarded children can be taught to play games with other youngsters and, in most cases, to read and even learn an occupation that will give them independence and a fuller, happier life.

Indeed, the encouraging truth indicated by current research as well as past experience, appears to be that the majority of handicapped children in *all* categories can be helped to a marked degree.

For a great many of these children, regardless of the problem or its severity, Special Education is the answer—if only they can be exposed to it. And every handicapped child is entitled to an education —not as an act of charity, but because it is the child's intrinsic right as a young citizen. Obviously, it is also a good investment, and in the national interest to help these youngsters become contributing citizens.

What is Special Education? It means simply the application of modern and innovative techniques to enable handicapped children to learn what other children are able to learn by traditional methods.

The late Helen Keller, of course, is the outstanding example of what can be done for and by a person who as a youngster was blind, deaf, and without speech. But there are other, more recent triumphs, and here are just a few:

- A deaf Californian is named state Teacher of the Year. (Lawrence R. Newman, Riverside, Cal.)
- A blind orphan, abandoned at birth and housed in a home for juvenile delinquents, at age 48

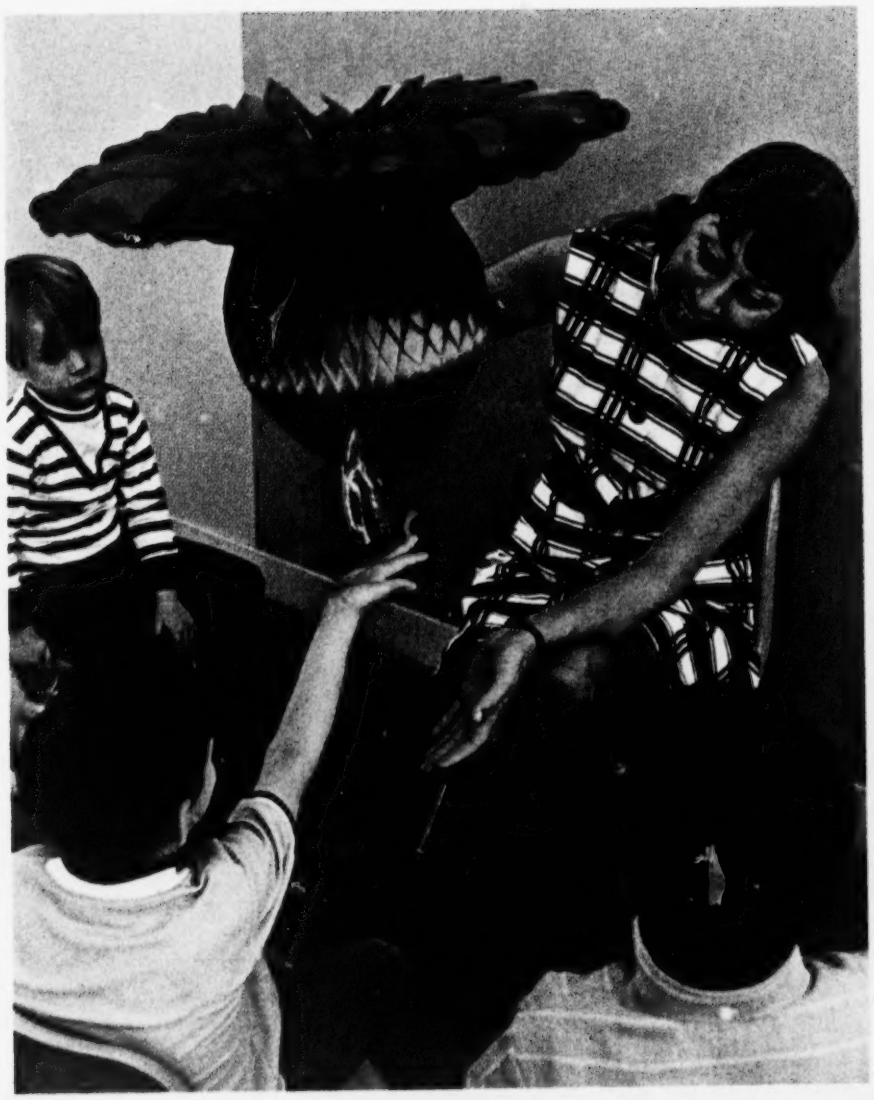
received his Ph.D. in philosophy from Columbia University. (Dr. William H. Butts, professor of history and religion, Norfolk State College.)

- A boy born with impaired vision and totally blind since the age of 14 has grown up to be a federal judge. (Judge Charles Simpson, U.S. Tax Court, Washington, D.C.) Another is now pioneering in computer technology. (Dr. James R. Slagle, at the National Institutes of Health.) And two blind college students who graduated at the top of their respective classes were congratulated by President Nixon at the White House. (David S. Mischel, Trinity College, Hartford, Conn.; and James Winford Selby III, Tulane.)
- A young man born without arms learned to drive a car and operate power machines for his summer job as a golf course groundskeeper. Now a college student, he plans to become a mechanical engineer. (Raymond Senasack, Wheaton, Md.)
- And a severely disturbed boy who went on to a doctorate at Harvard is now associate director of the institution in which he was a patient for eight years. (Dr. Bert Cohler, Sonia Shankman Orthogenic School, Chicago.)

For many handicapped children seemingly little things can amount to a vertiable triumph too. Listen to this proud father:

"When our boy was one year old, we knew he had a hearing deficiency, and as soon as we could we started to teach him to speak. First the sound of the letter O. And the difference between B and P, that P has more air than B. We showed him that with a Kleenex held to the mouth. The B moved the air very little, the P a lot . . .

"Now he is a regular 13-year-old boy. He'll still say, 'Put on the light, I can't hear you.' He means he's got to do lip-reading to understand what you say to him. But he scuba-dives and skis and travels, and knows how to behave in company. What a great day it was when he learned to tell a joke on himself. And when he first began to tease his sister, at 11. Before, he had been too unsure of himself to do that."



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Importance of Early Diagnosis

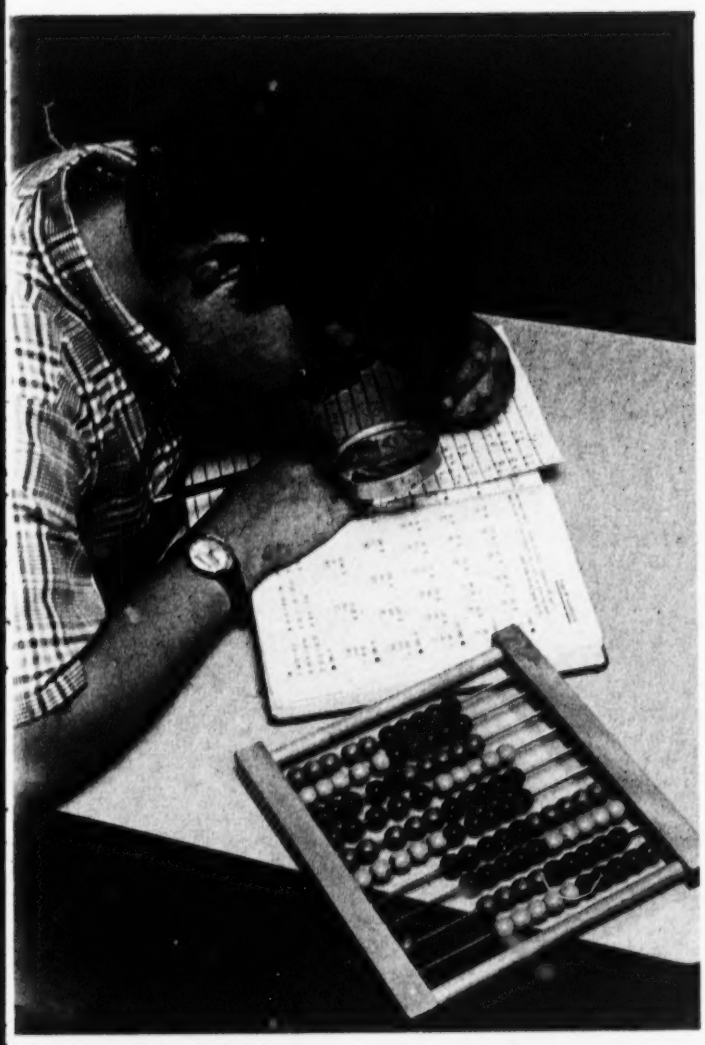
Consider Susie who is 2½ and grunts but doesn't speak. The pediatrician says she's immature for her age, she'll grow out of it. Her father says she'll straighten out in time. Deep down, her mother knows that something fundamental is amiss, but she doesn't know where to turn.

She doesn't know that 1½ to 3 or 4 are the developmental years for language, and therefore critical for a child with impaired hearing. The child with poor hearing and without language is cut off from learning during a crucial time of growth for the mind, and the sooner therapy is prescribed the better. Even 12 months is not too early an age for a hearing aid, and for training from a special teacher or at least from the family at home. Yet a county-sponsored diagnostic center reports: "Most of our referrals don't come from doctors, but from clergymen."

Consider Joey who is always in motion, kicking over chairs and lamps at home, breaking things. He chases around the dining table on his toes, yells, never runs out of energy, doesn't react when told to stop. His grandfather says, "They didn't raise them like that when I was young. This boy needs discipline." The neighbors think his mother is too hard on him. Joey's second-grade teacher says he's smart but she can't get through to him when he acts up in class, he's unmanageable; couldn't his parents send him to a private school?

This teacher doesn't understand what Joey's problem is, and even if she did she couldn't help him much, she must look after 30 others in the class. A private school for such a child, or one with a visual or orthopedic problem, would cost upward of $4,000 a year, and for most families that's out of the question. But a thorough examination at a diagnostic center by a neurologist, a psychologist, and possibly a psychiatrist, could point Joey in the right direction. (Should their joint findings point to brain damage in some slight degree, as the symptoms suggest, then Joey would indeed need discipline—but not Grandfather's kind. That would only add to his emotional problems. He needs firmness and calm in an atmosphere of understanding.)

Unfortunately, many diagnostic centers have waiting lists. But many others, maintained by universities and private institutions, have services readily available and yet these are not called on, in many cases, because parents do not know about them.



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A Look at Special Education

In a grade school class for students with special learning disabilities the approach involves cubicles, calm surroundings, and tasks the children can do successfully. Then praise, to build self-confidence.

Reading difficulties predominate, the teacher says, but each child is a different case. "That girl has perfect hearing but if I tell her something she can't tell me what I said." An auditory-perception problem. "Or ask this boy to pick up a pencil and draw a circle and he can't do it, the words don't add up to him." An auditory-motor problem.

A visitor asks 8-year-old Tony what he did for Christmas. It's only mid-January but Tony says he can't remember.

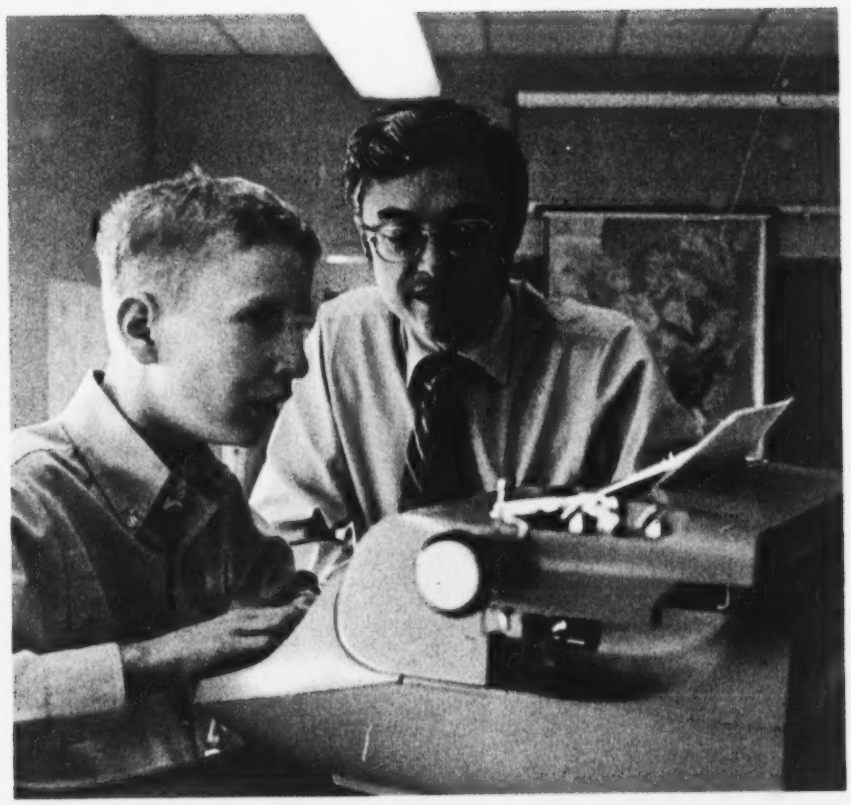
The teacher says that's a brain-damage pattern too. "He does remember, but it's hard for him to express himself. He can't organize his thoughts and get the words together. So he says he can't remember, it's the easiest way out."

Much of this so-called minimal brain damage, causing minimal brain dysfunction (MBD), occurs at birth if the baby is deprived of oxygen, even briefly. The damaged part of the brain cannot be repaired. But the brain has much tissue which can substitute for that which was lost, *provided it is trained to do so.*

Tony is in his cubicle now, writing. He has just learned that at the beginning of a sentence there must be a capital letter, and at the end of a question, a question mark. That's good progress. Someday he may do well in high school, and perhaps even college.

In an elementary school class for the crippled, boys and girls with muscular dystrophy and cerebral palsy learn to cope with problems of daily living—how to put on their jackets, how to eat with a spoon. Some have advanced to muscle-strengthening carpentry at work benches that are ingeniously adjustable: the occupational therapist took the bases from a couple of old dental chairs.

Conrad, II, went sledding 2 years ago, was hit by a car, and suffered a head injury. He has poor recall and walks stiffly on his toes. His mouth is open much of the time because he cannot keep his lips together. Every day the therapist touches his lips with ice, with a camel's hair brush, with a sharp



stick. "We bombard the area with sensory input," she says, "so that some undamaged cells will perhaps help lip closure." It works. When Conrad first came, a year and a half ago, he couldn't put his lips together at all.

Eventually Conrad and his classmates will learn much more. Some who are too shaky to hold a pencil, for instance, can learn to write on special typewriters fitted with arm rests so that they can steady themselves. Vocational programs for the physically handicapped nowadays cover not only the work involved in a specific job—in a machine shop, say, or in carpentry—but include the whole "world of work": how to get a driver's license, for example, and how to write and cash a check, to buy a stamp and mail a letter, to shop in a supermarket; and how to behave during an interview in order to get a job.

For those who cannot quite come to terms with the bustling world of work, there are the havens called sheltered workshops, which also accommodate many of the crippled, mentally retarded and emotionally disturbed. They stuff catalogs into envelopes, operate machines to make toys or bows for gift packaging, or wire up components for TV sets. These workshops, frequently sponsored by local service clubs and federal grants, are sheltered from the usual commercial pressures. Here there is discipline, competition, companionship and hard work at a level the child or youth is capable of handling. But most of all there is pay and self respect.

Even among the minority of the retarded that are not trainable, many can learn useful things.

Take a little girl with an IQ of 20, contorted and partly paralyzed because she had encephalitis as a baby. She could be taught to feed herself. And that alone has value, by making such a youngster feel she can do something right.

Early Education Assistance

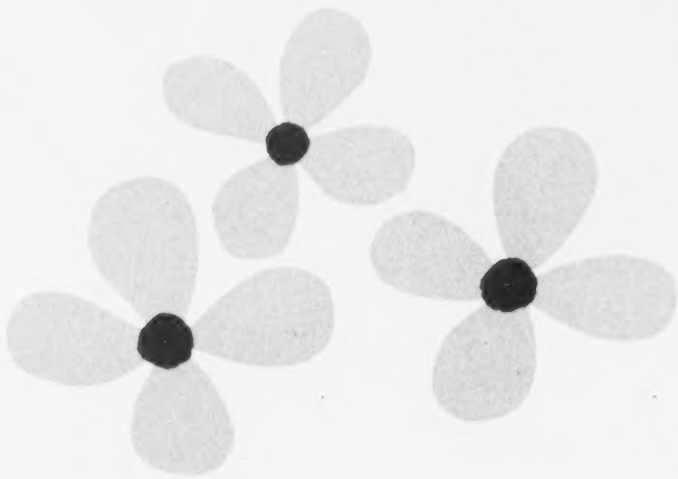
In 1968, Congress enacted the Handicapped Children's Early Education Assistance Act which the Office of Education's Bureau of Education for the Handicapped feels has tremendous potential for influencing the preschool education of handicapped children and, possibly, the nature of the kindergarten and primary classes they will attend.

Early Education for handicapped children is not just an extension of elementary education downward to children in their earlier years. It is a field in itself, with its own values and goals and reason for being, outside of preparation for education programs that will come later. These programs are already making major contributions that will lead to a new outlook for the education of all handicapped children.

Examples of failure to intervene are familiar to experts and families. The results of not talking to the child who cannot hear well, or of reducing visual stimulation for the child who cannot see well can be devastating to the child's potential for learning. Studies suggest that deprivation of sensory experiences in the early period of life may leave the sensory systems with irreparable physical inade-

quacies, multiplying the severity of the original impairment which led to the reaction of reducing stimulation. Similarly, language learning in deaf children which has been left to chance until school age seems never to recover its normal characteristics.

Early intervention through education of the parents, through the use of hearing aids or glasses, and through sensory training can prevent or reduce any increase of sensory and language handicapping conditions.



The Role of Parents in Special Education

The early education of handicapped children also increases the role of parents in the process of education. Formerly, parents were kept from participating in the critical activities of education through detours into the backroads of bake sales and parent-teacher association meetings. In the inner cities we have seen increasing evidence of misunderstandings and demands for greater involvement by parents. Early education programs are leading to more recognition of the advantages and the necessity of having parents and other family members take part in instruction, because very young children spend more time at home than they do at school.

Under the Handicapped Children's Early Education Assistance Act, projects have been designed to help plan and make policy, evaluate, develop materials, and disseminate information about school programs. After they receive training, parents in a project in the Kennedy Child Study Center at George Peabody College in Nashville, Tenn., help train their emotionally disturbed children, guide visitors, encourage and help train other parents who are new to the program.

Expanding the Educational Setting

In addition to increasing the involvement of parents, early education leads to the involvement of educators in an expanded education environment. The home and the neighborhood become part of the instruction arena as well as the clinic or classroom. Teachers may go into the real home or provide a substitute home for the primary educational setting. Educational procedures and technology may become part of the "at home" program. The child's health, nutrition, and the emotional climate of his environment are all important ingredients of the expanded setting necessary for comprehensive early education.

A new spirit of urgency pervades early education for handicapped children. Concern for cost, for prevention of secondary handicaps, and for early reduction of handicapping conditions requires that these children not only be identified and started on education as early as possible, but that they receive effective education before reaching a certain age.

What Can A Parent Do?

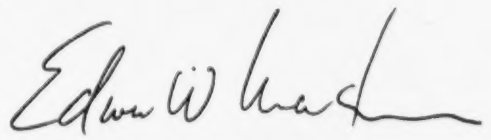
In preceding pages, you have learned:

- The importance of properly diagnosing a handicap early in the child's life;
- That Special Education exists, and what it can do to remedy handicapping conditions;
- That the U.S. government is significantly interested in assuring appropriate education and care for our young, handicapped citizens;
- That there are many facilities, schools, clinics and programs across the country dedicated to the diagnosis and education of handicapped children.

And Finally . . .

Remember that your own attitude toward your child and his handicapped condition is of great importance. Shame and embarrassment have no place in your and your child's world. Don't keep him in the shadows; bring him into the sunshine by helping him develop his full potential.

Here, too, let the sky be the limit.



Edwin W. Martin, Ph.D.
Associate Commissioner
Bureau of Education for the Handicapped

For More Information

You can write the following private or voluntary organizations for brochures concerning a particular handicap:

AUTISTIC	National Society for Autistic Children 621 Central Avenue Albany, New York 12206
BIRTH DEFECTS	National Foundation—March of Dimes 800 Second Avenue New York, New York 10017
BLIND OR PARTIALLY SIGHTED	American Foundation for the Blind 15 West 16th Street New York, New York 10011
DEAF OR HARD OF HEARING	The Alexander Graham Bell Association for the Deaf 1537 35th Street, N.W. Washington, D.C. 20007
EMOTIONALLY DISTURBED	National Association for Mental Health, Inc. 10 Columbus Circle New York, New York 10019

EPILEPTIC	National Epilepsy League, Inc. 203 N. Wabash Avenue Room 2200 Chicago, Illinois 60601
LEARNING DISABLED	Association for Children with Learning Disabilities 2200 Brownsville Road Pittsburgh, Pennsylvania 15210
MENTALLY RETARDED	National Association for Retarded Children 420 Lexington Avenue New York, New York 10017
MULTIHANDICAPPED	National Committee for Multi-Handicapped Children 339 14th Street Niagara Falls, New York 14303
ORTHOPEDIC HANDICAPS	National Easter Seal Society for Crippled Children and Adults 2023 W. Ogden Avenue Chicago, Illinois 60612
SPEECH DEFECTS	American Speech & Hearing Association 9030 Old Georgetown Road Bethesda, Maryland 20014

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